

004002-003348.DAC.229508

**DECLARATION AND POWER OF
ATTORNEY
FOR PATENT APPLICATION**

Attorney Docket Number 4002-3348/PC700.00

First Named Inventor Charles L. Branch

☐ Declaration submitted with
Initial Filing☒ Declaration
Submitted after
Initial Filing
(surcharge (37 CFR
1.16(e)) required)

COMPLETE IF KNOWN

Application No. 10/633,285

Filing Date 8/1/2003

Group Art Unit

Examiner's Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEMS AND TECHNIQUES FOR ILLUMINATING A SURGICAL SPACE

the specification of which
(check one)

☐ is attached hereto.

☐ Was filed on Aug. 1, 2003 as United States Application No. or
PCT International Application No. 10/633,285

☐ And was amended on _____ (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority/Not Claimed	Certified Copy Attached?	
				Yes	No
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/400,563	08/02/2002

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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<input type="checkbox"/>	Customer Number	→	Place Customer Number Bar Code Label Here
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Registered practitioner(s) name/registration number listed below.			

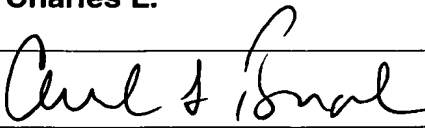
Name	Registration Number	Name	Registration Number
*	*		

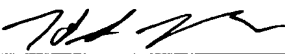
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Name	Douglas A. Collier, Esq.				
Firm Name	WOODARD EMHARDT MORIARTY McNETT & HENRY LLP				
Address	111 Monument Circle, Bank One Tower, Suite 3700				
Address					
City	Indianapolis	State	IN	ZIP	46204
Country	USA	Telephone	317/ 634-3456	Fax	317-637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:			
Given Name (first and middle, if any)	Charles L.	Family Name or Surname	Branch
Inventor's Signature:		Date of Signature:	June 30, 2003
Residence: (City, State, Country)	Advance, North Carolina, USA		
Citizenship:	USA		
Post Office Address:	177 Plantation Lane, P.O. Box 320 Advance, North Carolina 27006		

Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Kevin T.	Family Name or Surname	Foley
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)	2877 Keasler Circle West, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	2877 Keasler Circle West Germantown, Tennessee 38017		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Maurice M.	Family Name or Surname	Smith
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)	Cordova, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	9285 Oak Knoll Cove Cordova, Tennessee 38018		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Thomas E.	Family Name or Surname	Roehm, III
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)	Braden, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	410 Highway 59 Braden, Tennessee 38010		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Harold S.	Family Name or Surname	Taylor
Inventor's Signature:		Date of Signature:	July 25 2003
Residence: (City, State, Country)	Memphis, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	689 East Drive Memphis, Tennessee 38112		

Type a Plus sign (+) inside this box →

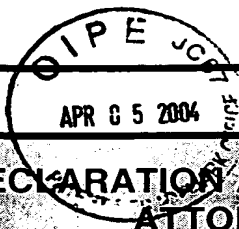


WENMM SB/02C (4/01)

DECLARATION

Registered Practitioner Information (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	David A. Warmbold	30,897
Joseph A. Naughton, Jr.	19,814	James J. Bindseil	42,326
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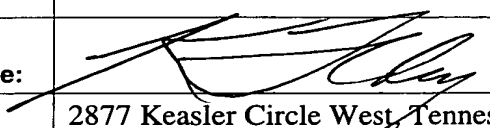
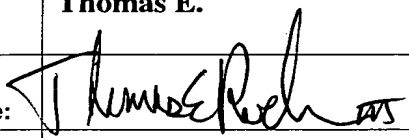
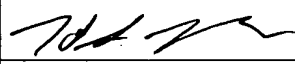
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Address					
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Country	USA	Telephone	317/ 634-3456	Fax	317-637-7561

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Full name of sole or first inventor:			
Given Name (first and middle, if any)	Charles L.	Family Name or Surname	Branch
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)	Advance, North Carolina, USA		
Citizenship:	USA		
Post Office Address:	177 Plantation Lane, P.O. Box 320 Advance, North Carolina 27006		

Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Kevin T.	Family Name or Surname	Foley
Inventor's Signature:		Date of Signature:	7/28/03
Residence: (City, State, Country)	2877 Keasler Circle West, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	2877 Keasler Circle West Germantown, Tennessee 38017		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Maurice M.	Family Name or Surname	Smith
Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)	Cordova, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	9285 Oak Knoll Cove Cordova, Tennessee 38018		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Thomas E.	Family Name or Surname	Roehm, III
Inventor's Signature:		Date of Signature:	7/25/03
Residence: (City, State, Country)	Braden, Tennessee, USA		
Citizenship:	USA		
Post Office Address:	410 Highway 59 Braden, Tennessee 38010		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Harold S.	Family Name or Surname	Taylor
Inventor's Signature:		Date of Signature:	July 25 2003
Residence: (City, State, Country)	Memphis, Tennessee, USA		
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APR 5 2004

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Inventor's Signature:		Date of Signature:	
Residence: (City, State, Country)	Advance, North Carolina, USA		
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Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Maurice M.	Family Name or Surname	Smith
Inventor's Signature:		Date of Signature:	3-22-04
Residence: (City, State, Country)	Cordova, Tennessee, USA		
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Post Office Address:	9285 Oak Knoll Cove Cordova, Tennessee 38018		
Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Thomas E.	Family Name or Surname	Roehm, III
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Full name of additional joint inventor, if any:			
Given Name (first and middle, if any)	Harold S.	Family Name or Surname	Taylor
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